DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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MAND OF PROVIDER OR SUPPLIER MEADOWBROOK NURSING CENTER MEADOWBROOK NURSING CENTER DIAL SKITTMENT OF CETTICENCIES FREETR TAG STREET ADDRESS, CITY, STATE, ZIP CODE 1246 E COLLEGE ST PULASKI, TN 38478 SHAMARY STATEMENT OF CETTICENCIES FREETR TAG STREET ADDRESS, CITY, STATE, ZIP CODE 1246 E COLLEGE ST PULASKI, TN 38478 SERVING MAND OF CORPRECTION SEP PULASKI, TN 38478 PRETER TAG K 000 INITIAL COMMENTS A Life Safety Code complaint investigation of TN 0044395 was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities on 05/15/2018. During this Life Safety Survey, Meadowbrook Nursing Center was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483,70(a), Life Safety store Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			
MANG OF PROVIDER OR SUPPLIER MEADOWBROOK NURSING CENTER (IA)10 (IA)			445443	B. WING				
MEADOWBROOK NURSING CENTER MAILD SUMMARY STATEMENT OF DEPICIENCIES PLASKI, TN 38478	L				STREET ADDRESS CITY STATE ZIP CODE			15/2018
PULASKI, TN 38478 PULASKI, TN 38478 PULASKI, TN 38478 SUMMER'S STANGE CORRECTION PULL RESOLATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG PROVIDERS BLANGE CORRECTION SHOULD BE COMPARINE PROVIDERS BLANGE CORRECTION SHOULD BE COMPARINE BENEVING A COMPARINE BENEVEL BENEVING A COMPARINE BE		(0 / 1 <u>2 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1</u>			0022			
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS A Life Safety Code complaint investigation of TN 0044365 was conducted by the State of Tennessee Department of Health Ucersure and Regulation Office of Health Care Facilities on 05/15/2018. During this Life Safety Survey, Meadowbrook Nursing Center was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.	MEADOWBROOK NURSING CENTER							
A Life Safety Code complaint investigation of TN 0044365 was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities on 05/15/2018. During this Life Safety Survey, Meadowbrook Nursing Center was found in substantial compliance with the requirements for participation in Medicare/Medicald at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	X (EACH CORRECTIVE AC CROSS-REFERENCED TO	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		A Life Safety Code of 0044365 was conducted Tennessee Departme Health Licensure and Care Facilities on 05/Safety Survey, Meads found in substantial or requirements for partification Medicare/Medicaid at Life Safety from Fire, Fire Protection Association 101-2012.	omplaint investigation of TN sted by the State of ent of Health Division of I Regulation Office of Health I15/2018. During this Life owbrook Nursing Center was compliance with the icipation in It 42 CFR Subpart 483.70(a), and the related National station (NFPA) standard		000	ICY)		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: TN2802